

FORM A—To be used by a prisoner filing a complaint under the Civil Rights Act, 42 U.S.C. § 1983

FILED
U.S. DISTRICT COURT
DISTRICT OF NEBRASKA
SEP 9 - 9 PM 12:06
OFFICE OF THE CLERK

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEBRASKA

JADE M. OWENS

(Enter above the full name of
the plaintiff or plaintiffs
in this action.)

v.

8:13CV278
COMPLAINT

OCTAPHARMA PLASMA INC. et al;

(Enter above the full name of
the defendant or defendants
in this action, if known.)

(Note: If there is more than one plaintiff, a separate sheet should be attached giving the information in Parts I, II, and III for each plaintiff, by name. Remember, all plaintiffs must sign the complaint.)

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CLERK
U.S. DISTRICT COURT
OMAHA

- I. A. Place of Present Confinement Douglas County Correctional Center
 B. Parties to this civil action:

Please give your commitment name and any other name(s) you have used while incarcerated.

(1) Plaintiff Jade M. Owens Registr. No. 1591479
 Address 710 So. 17th St. Omaha, Ne, 68102

Additional plaintiff's Registr. No. and address:

(2) Defendant Octapharma Plasma Inc.
Lab Technician/
 is employed as Blood Specialist(s) at 4411 Center St., Omaha, Ne, 68105
 Additional defendant's employment: Unknown at this time.

II. Previous Civil Actions

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes No X

(1) Title: N/A
 (Plaintiff) (v.) (Defendant)

(2) Date filed N/A

(3) Court where filed N/A
 (specify if the court was state or federal and the level of the court)

(4) Court number and citation N/A

(5) Name of judge to whom the case was assigned

(6) Basic claim made N/A

- (7) Date of disposition N/A
- (8) Disposition N/A
(pending) (on appeal) (resolved)
- (9) If decided by the court, state whether for plaintiff or defendant N/A
- (10) Approximate date of filing N/A
- (11) Approximate date of judgment N/A

For additional cases, provide the above information in the same format on a separate page.

B. Have you begun other cases in state or federal courts relating to the conditions of your treatment while in confinement? Yes ☐ No ☒

III. Grievance Procedure

- A. Does your institution have an administrative or grievance procedure? Yes ☒ No ☐
- B. Did you present the facts relating to your complaint through the administrative or grievance procedure?
Yes ☐ No ☒
- C. What was the result? N/A
- D. If you did not file a grievance, state the reasons Cannot grant requested relief.
- E. Please attach any responses as exhibits to this complaint.
- F. If there is not prisoner grievance procedure at your institution, did you complain to prison authorities?
Yes ☐ No ☒

G. If your answer to F is yes,

A. What steps did you take and what was the result? _____

N/A

IV. Jurisdiction

A. Is this complaint brought for a violation of your federal constitutional rights by a person employed by the state, county, or municipal government or acting with such government officials? Yes ☒ No ☐

If "yes," please state the agency the official(s) is/are employed by or why you believe the defendant(s) was/were acting in conjunction with government officials: Octapharma Plasma Inc. is a place

where people donate plasma for cash; - They are government regulated and would have to be affiliated with Nebraska Health and Human Services, as well as the Center for Disease Control and others.

B. Is this complaint brought for a violation of state or local law? Yes ☒ No ☐

If so, please specify (without alleging any supporting facts) the state law(s) you believe was/were violated _____

I'm not sure, but I would suppose that false reporting may have occurred.

Is/are the defendant(s) residents of the same state as you? Yes ☒ No ☐

If not, specify what state N/A

V. Statement of Claim:

(State here as briefly as possible the **FACTS** of your case. You must state exactly what each defendant personally did, or failed to do, that resulted in harm to you, and describe the harm. Include the names of other persons involved (for example, other inmates), dates, and places of all events. If you allege related claims, number and set forth each claim in a separate paragraph. Attach an extra sheet, if necessary. Unrelated claims should be raised in a separate civil action. Do not give legal arguments or cite cases or statutes except in Part B below.

A. On or about May 2006, I went to Octapharma Plasma Inc. to donate plasma for money. The nurse took a blood sample and later returned with her supervisor to inform me that I could not donate blood because I had hepatitis. I said there must be a mistake and asked if I could please be tested again. She said that they don't give free blood tests and that I could go to a hospital to get that done. I sat there for a minute in shock and disbelief, then the nurse told me that the supervisor wanted me to leave, and so I did. I went to Charles Drew Health Clinic to ask for a hepatitis blood test and they told me they were very expensive, so I just left because I couldn't afford it and believed since then that I had hepatitis due to what Octapharma had told me.

I lived in fear and shame and turned to alcohol to deal with the stress and mental anguish; - I felt like I had nothing to live for and wanted to die and drinking alcohol would make that happen faster as well; - I just didn't care and suffered constant depression. I attempted suicide one time since this was affecting relationships with women. Some of my women partners suspiciously asked me why I was using a condom when they were using birth control pills? When I told them I had hepatitis they broke off the relationship because they didn't want to get infected by my blood. After all these years thinking I was going to die early and never have a normal life I was arrested and placed at the Douglas County Correctional Center Jail in Omaha, Nebraska on May 7, 2013.

I was seen by the medical Dept. (DCCC Staff) to get a T.B. Test, and I asked if she could draw blood to give me a hepatitis test, and she said yes. She took blood from my arm and ten (10) days later told me the test results showed my blood to be normal with no hepatitis. I said that's not possible as Octapharma told me I had Hepatitis as mentioned. I asked if they would do another test to be sure, so she got approval from the head doctor for a second test. Ten (10) days later she again said the results were negative for hepatitis and that I could rest assured as the 2nd test costs more and is even better than the first one. I am very thankful that I don't have Hepatitis, but Octapharma was and is wrong for the pain and suffering

and damage they've caused my life with their false test results as mentioned.

I was told that filing this complaint would hold them accountable
for what they've done to my life.

Thank you.

B. State briefly your legal theory or cite appropriate authority: _____

A deliberate (or accidental) mistake was made in the
Lab testing of my blood sample resulting in a "false positive"
test result that has had a devastating affect on my life
in many adverse ways.

VI. Relief

A. Do you request money damages? Yes ☒ No ☐

If so,

1. Did you lose any money from this incident?
Yes ☒ No ☐ If so, how much? Unknown at this time

2. Did you receive a physical injury? Yes ☒ No ☐

3. What other harm did you experience from this incident? Depression and Chronic Alcoholism; - I basically gave
up on life and hope for my future; it affected my sex
life and deprived me of intimate affectionate relationships
and much more.

4. State the amount of damages claimed One Million Dollars

B. Do you request a jury trial? Yes ☒ No ☐

C. State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Order the Defendant(s) to pay me one million
dollars.

VII. Request for Appointment of Counsel

A. Do you want an attorney to represent you in presenting your claim to the court? Yes ☒ No ☐

B. Did someone help you in preparing this complaint? Yes ☒ No ☐ If so, state the person's name (optional)

N/A

C. Have you made any efforts to contact a private lawyer to determine if he or she would represent you in this action? Yes ☐ No ☒

If so, state the name(s) and address(es) of each lawyer contacted

N/A

If not, state your reasons Because I cannot afford
an attorney

(Note: This court has no funds with which to pay an attorney for handling this type of case. Because of this, appointments are made only in cases where an attorney is greatly needed and the attorney is willing to take the case without expecting to receive any fee.)

I declare under penalty of perjury that the forgoing is true and correct.

Signed this 20 day of August, 2013.

Jade M. Owen

(Signature(s) of Plaintiff(s))

Jade M. OWENS

Printed Name

(159479) (F.6)

Data # Module #

Douglas County
DEPARTMENT OF CORRECTIONS
710 SOUTH 17TH STREET
OMAHA, NEBRASKA 68102

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CLERK
U.S. DISTRICT COURT
OMAHA



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Clerk of the United States
District Court
111 South 18th Plaza, Suite 1152

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